

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 044 ****61.25

DOCUMENT # N37208

1. Entity Name

TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 906
NEW SMYRNA BEACH FL 32170
US

P.O. BOX 906
NEW SMYRNA BEACH FL 32170
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2999239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAMBERT, WILLIAM N ESQ
101 E. YELKCA TERR., SUITE B
EDGEWATER FL 32132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME
HICKSON, JOHN
STREET ADDRESS
673 MIDDLEBURY LOOP
CITY, ST, ZIP
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☒ Addition
NAME
ALLEN, BRIAN
STREET ADDRESS
625 MIDDLEBURY LOOP
CITY, ST, ZIP
NEW SMYRNA BEACH, FL 32168

TITLE ☒ Delete
NAME
WEBSTER, ANN D
STREET ADDRESS
655 WELLESLEY CT
CITY, ST, ZIP
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☒ Addition
NAME
CLIPPS, SHARON
STREET ADDRESS
626 MIDDLEBURY LOOP
CITY, ST, ZIP
NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
MCCULLOUGH, KAREN
STREET ADDRESS
627 MIDDLEBURY LOOP
CITY, ST, ZIP
JACKSONVILLE FL 32-2168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
MARY, THOMAS J
STREET ADDRESS
1331 WAYNE AVE
CITY, ST, ZIP
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Delete
NAME
KERR, MARIE
STREET ADDRESS
398 ROCHESTER CT
CITY, ST, ZIP
NEW SMYRNA BEACH FL 32168

TITLE ☐ Change ☒ Addition
NAME
FERNER, JEFFREY
STREET ADDRESS
1323 WAYNE AVE.
CITY, ST, ZIP
NEW SMYRNA BEACH, FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Allen* BRIAN J. ALLEN

3/28/07

386 478 3957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #